

**INTERDISCIPLINARY CHILD ABUSE & NEGLECT ADVOCACY PROJECT
RFP QUESTIONNAIRE**

(The questionnaire replaces a narrative requirement. Response is limited to the space provided.)

Section A: General Applicant Information

1. **Person** responsible for **project leadership and coordination**:

Name/Title/Agency:

Telephone: Fax:

E-mail:

Address (if different from *lead "operating" agency*):

2. Please select which category you are applying for:

☐ Fully Accredited Member (Per National Children's Alliance Standards)

☐ Associate Center

☐ Developing Center

3. Project Summary - No more than 2 pages stating how the funds will be used.

4. Geographic area(s) to be served by proposed project:

Section B: Child Abuse and Neglect Demographics

5. In your community, within the last 12 months, indicate the following:

children with **founded** CPS dispositions

child abuse/neglect cases **investigated** by law enforcement (with and without CPS)

child abuse/neglect cases **referred for prosecution**

Projected # of child abuse/neglect families to be served by advocacy project

Section C: Current Interdisciplinary Practice

6. In your community, do law enforcement and child protective services conduct joint interviews of suspected child abuse/neglect victims? ☐ Yes ☐ No

% of child abuse cases where victim is jointly interviewed.

7. Does your community conduct forensic interviews? ☐ Yes ☐ No
If so, please describe the forensic interview training the interviewers attended:

8. Does your community have an interdisciplinary team to investigate, prosecute, and provide services in child abuse and neglect cases? ☐ Yes ☐ No
(If no, go to # 15)

9. What agencies are represented on your team?

<input type="checkbox"/> CPS	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Commonwealth's Attorney
<input type="checkbox"/> Medical	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Victim Witness
<input type="checkbox"/> Disabilities	<input type="checkbox"/> Schools	
<input type="checkbox"/> Other		

10. How would you characterize this team? ☐ Formal ☐ Informal

Explain:

11. How often does this team meet?
☐ Weekly ☐ Monthly ☐ As needed ☐ Other

12. What is the purpose of your team meetings?

13. Does your community have written interdisciplinary protocol for the investigation, prosecution, and treatment of child abuse and neglect?

☐ Yes ☐ No If yes, submit a copy of the protocol.

14. Does your community have a child friendly, safe place for investigatory interviewing of suspected victims of abuse/neglect?
☐ Yes (Describe) ☐ No (If no, describe your plan to develop)

Describe

15. Does your community currently have a children's advocacy center? ☐
Yes ☐ No

If yes, when did it open? Describe location, staff, services, and coordination with other disciplines in the management of child abuse and neglect.

16. Identify your community's strengths in the interdisciplinary management of suspected child abuse and neglect and how this project will build on those strengths.

17. What specific issues present obstacles to the investigation, prosecution, forensic medical evaluation, and treatment of child abuse and neglect in your community and how this project will assist you in overcoming those obstacles?

18. Describe the CAC policies, practices or procedures for providing culturally competent services?

19. Does the CAC have system for monitoring case progress and tracking case outcomes for team components? ☐ Yes ☐ No

If yes, please describe:

Section D: Circuit and Juvenile and Domestic Relations Court

20. Does your community have a victim court advocacy program that serves child victims?

☐ Yes (Identify Court) ☐ Circuit Court ☐ JD & R Court
☐ No

If yes, what services are provided: ☐ Witness preparation ☐ Case status
☐ Court school ☐ Other

21. What courtroom accommodations are used in your courts to reduce trauma to child victim witnesses?
- ☐ Alternative seating ☐ Victim support person ☐ Closed circuit testimony
- ☐ Developmentally appropriate, victim recess ☐ None
- ☐ Other
22. Describe the National Children's Alliance Standards your agency is currently striving to meet using these state funds.
23. Describe your project evaluation plan to quantitatively and qualitatively measure the degree of success in accomplishing child advocacy project goals and objectives. The plan should include ongoing review, process, and outcome evaluation methods.
24. Since the intent of this RFP is to assist in give funding to communities, describe how your community plans to provide capacity building and sustainability of the child abuse/neglect advocacy project beyond the grant funded year.

SECTION E. Medical Examinations & Therapeutic Services

25. Where are children seen for medical evaluations?
26. Do you intend to use grant funds to provide treatment services? ☐ Yes ☐ No
27. Please check services offered by mental health treatment provider:
- ☐ Assessment ☐ Treatment ☐ Crisis Intervention
- ☐ Family Stabilization ☐ Individual Therapy ☐ Family Therapy
- ☐ Group Therapy ☐ Self-help Groups ☐ Parent Education
- Other _____